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**FEC** FORM 1

## STATEMENT OF **ORGANIZATION**

SECRETARY OF THE SENATE 08 APR 22 Aii 10: 52

					Office Use Only
NAME OF     COMMITTEE (in full)		(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	processation and foreseet
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3. FEC IDENTIFICATION N	* NWRFK		Parting		
4. IS THIS STATEMENT	NE	W (N) OR	AMENDED (A)		
I certify that I have examined to	, <u>N</u>	JARK E.	VINCENT	t is true, correct	and complete.
Signature of Treasurer	Ma	b & Jiv	cent	Date D 4	1,4 2,0,08
NOTE: Submission of false, errone		·	may subject the person signing ION SHOULD BE REPORTED V		the penalties of 2 U.S.C. §437g.
Office Use			For further information of Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 12/2007)